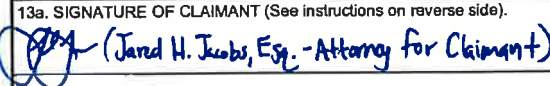


EXHIBIT “A”

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit to Appropriate Federal Agency: USPS: Chief Counsel, Torts, General Law Service Center USPS National Tort Center 1720 Market Street, Room 2400 St. Louis MO 63155-9948			2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. Claimant: Gabrielle Dierkes		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 11/03/2020 Tuesday	
7. TIME (A.M. OR P.M.) 2:53 P.M.					
8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary). This is a claim for negligence, negligence per se, negligent entrustment, negligent training, hiring, retention, & supervision & respondeat superior/vicarious liability against the United States and the United States Postal Service (also "USPS") arising from a November 3, 2020 automobile collision on Financial Drive Northwest near Jimmy Carter Boulevard. At the time of the collision, Hudson Rashawn, a USPS employee driving a 2016 Dodge Ram Postmaster owned by the USPS, failed to yield, causing a collision with a 2015 Chevrolet Malibu owned and driven by Claimant Gabrielle Dierkes. See appended documents.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). CarMax (11450 Alpharetta Highway, Roswell, Georgia 30076) is the last known owner the 2015 Chevrolet Malibu.					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side). The property is a 2015 Chevrolet Malibu (VIN 1G11C5SL3FF187281) that sustained rear and passenger-side damage in the collision. CarMax received the vehicle from Claimant Gabrielle Dierkes. She does not know where it can be inspected.					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT. Claimant's injuries include cervicgia with C3-4 disc herniation with annular tear, C4-5 disc herniation & C6-7 disc bulge, bilateral shoulder pain, left hand numbness & tingling, thoracic back pain with left T9-10 disc protrusion & thecal sac deviation, lumbago with L4-S1 bilateral facet arthropathy, L5-S1 disc protrusion with annular tear, post-operative stitch abscess, atlanto-occipital joint sprain, cramp, benign paroxysmal vertigo, bilateral knee weakness, bells palsy, & headaches. See attached.					
11. WITNESSES					
NAME		ADDRESS (Number, Street, City, State, and Zip Code)			
Gabrielle Dierkes					
Hudson Rashawn					
12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE 0.00		12b. PERSONAL INJURY 5,000,000		12c. WRONGFUL DEATH 0.00	
12d. TOTAL (Failure to specify may cause forfeiture of your rights). 5,000,000					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).  (Jared H. Jacobs, Esq. - Attorney for Claimant)				13b. PHONE NUMBER OF PERSON SIGNING FORM 678 705 6608	
14. DATE OF SIGNATURE 10/27/2022					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).				CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)	

INSURANCE COVERAGE	
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.	
15. Do you carry accident insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input type="checkbox"/> No USAA Casualty Insurance Company insured Claimant Gabrielle Dierkes under policy number 00146 56 43C 7101 3. USAA's address is 9800 Fredericksburg Road, San Antonio, Texas 78288. See appended documents, which include a Declarations.	
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Claimant filed a claim with USAA for property damage to the 2015 Chevrolet Malibu. She has a \$500 deductible that was paid to repair the vehicle, the 2015 Chevrolet Malibu. See attached.	17. If deductible, state amount. 500.00
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts). Claimant Gabrielle Dierkes filed a claim with USAA for property damage to the 2015 Malibu. USAA paid to repair the property damage sustained in the collision, but Claimant Gabrielle Dierkes had to pay a \$500 deductible. That deductible was later refunded. Claimant is not making a property damage claim here. USAA is on notice of this collision and provided medical payments coverage. USAA's UM coverage is not implicated at this time as this is not an uninsured/underinsured motorist case.	
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No USAA Casualty Insurance Company insured Claimant Gabrielle Dierkes under policy number 00146 56 43C 7101 3. USAA's address is 9800 Fredericksburg Road, San Antonio, Texas 78288. Please see attached documents, including a Declarations.	
INSTRUCTIONS	
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p style="text-align: center;">Complete all items - Insert the word NONE where applicable.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p> </div> <div style="width: 48%;"> <p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p> </div> </div>	
PRIVACY ACT NOTICE	
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p>	<p>B. Principal Purpose: The Information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>
PAPERWORK REDUCTION ACT NOTICE	
<p>This notice is <u>solely</u> for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Tort Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>	



October 28, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 770332087251

Delivery Information:

Status:	Delivered	Delivered To:	Receptionist/Front Desk
Signed for by:	K.SIMPSONS	Delivery Location:	3900 CROWN RD SW
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday; Adult Signature Required		ATLANTA, GA, 30304
		Delivery date:	Oct 28, 2022 09:22

Shipping Information:

Tracking number:	770332087251	Ship Date:	Oct 27, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:Consumer Affairs Dept., US Postal Service
3900 Crown Road SW
ATLANTA, GA, US, 30304**Shipper:**Alan J. Hamilton, Shiver Hamilton, LLC
3490 PIEDMONT RD NE
Suite 640
ATLANTA, GA, US, 30305**Reference**

Gabrielle Dierkes



Thank you for choosing FedEx



October 28, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 770332061619

Delivery Information:

Status:	Delivered	Delivered To:	Receptionist/Front Desk
Signed for by:	K.SIMPSONS	Delivery Location:	3900 CROWN RD SW
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday; Adult Signature Required		ATLANTA, GA, 30304
		Delivery date:	Oct 28, 2022 09:22

Shipping Information:

Tracking number:	770332061619	Ship Date:	Oct 27, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:
Falonda Woods, Atl. Postmaster, US Postal Service
3900 Crown Road SW
Room 251
ATLANTA, GA, US, 30304

Shipper:
Alan J. Hamilton, Shiver Hamilton, LLC
3490 PIEDMONT RD NE
Suite 640
ATLANTA, GA, US, 30305

Reference Gabrielle Dierkes



Thank you for choosing FedEx



October 28, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 770332022975

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	M.CLARK	Delivery Location:	1605 BOGGS RD
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday; Adult Signature Required		Duluth, GA, 30096
		Delivery date:	Oct 28, 2022 09:48

Shipping Information:

Tracking number:	770332022975	Ship Date:	Oct 27, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:Lillian Marshall, Tort Claims, US Postal Service
1605 Boggs Road
Duluth, GA, US, 30096**Shipper:**Alan J. Hamilton, Shiver Hamilton, LLC
3490 PIEDMONT RD NE
Suite 640
ATLANTA, GA, US, 30305**Reference**

Gabrielle Dierkes



Thank you for choosing FedEx



October 31, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 770331834150

Delivery Information:

Status:	Delivered	Delivered To:	Shipping/Receiving
Signed for by:	K.KIM M	Delivery Location:	1720 MARKET ST 2400
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday: Adult Signature Required		ST. LOUIS, MO, 63155
		Delivery date:	Oct 28, 2022 09:25

Shipping Information:

Tracking number:	770331834150	Ship Date:	Oct 27, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:
Chief Counsel, Torts, USPS General Law Service Center
1720 Market Street
Room 2400
ST. LOUIS, MO, US, 63155

Shipper:
Alan J. Hamilton, Shiver Hamilton, LLC
3490 PIEDMONT RD NE
Suite 640
ATLANTA, GA, US, 30305

Reference Gabrielle Dierkes



Thank you for choosing FedEx



October 31, 2022

Dear Customer,

The following is the proof-of-delivery for tracking number: 770331974010

Delivery Information:

Status:	Delivered	Delivered To:	Mailroom
Signed for by:	E.BROWN	Delivery Location:	475 L'ENFANT PLZ SW
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday; Adult Signature Required		Washington, DC, 20260
		Delivery date:	Oct 28, 2022 10:13

Shipping Information:

Tracking number:	770331974010	Ship Date:	Oct 27, 2022
		Weight:	0.5 LB/0.23 KG

Recipient:Thomas J. Marshall, US Postal Service
475 L'Enfant Plaza SW
Room 6004
Washington, DC, US, 20260**Shipper:**Alan J. Hamilton, Shiver Hamilton, LLC
3490 PIEDMONT RD NE
Suite 640
ATLANTA, GA, US, 30305**Reference**

Gabrielle Dierkes

Thank you for choosing FedEx